PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

Co 2-0126-000 C1098/0C/2/

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)		ן ד	TYPE		OR	OR SMALL ENTITY		
			L(<u> </u>		RATE	FEE	_ `	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA	ן ני	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* /			X\$ _. 9=		OR	X\$18=	18	
┡	DEPENDENT C					1		X43=		OR	X86=	86	
L	· <u>-</u>	NDENT CLAIM F						+145=		OR	+290=	0	
- 17	tne ainerence	e in column 1 is	less than z	ero, enter	"0" in (column 2		TOTAL		OR	TOTAL	874	
	C	CLAIMS AS A	MENDE	MENDED - PART II						_	OTHER	THAN	
(Column 1)				(Columi		(Column 3)		SMALL		OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	DENIDENT.	CL AIAA	=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
	٠						<u>L</u>	TÖTAL		ऻ ॢॱ	TOTAL	•	
		(Column 1)		(Colum	ın 2\	(Column 3)	AD	DIT. FEE			ADDIT. FEE	•	
В		CLAIMS REMAINING		HIGHE	ST				ADDI-	1 1		ADDI-	
AMENDMENT B		AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT . EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		···	UH			
							Ľ	+145=		OR	+290=	•	
		·					ADI	TOTAL DIT. FEE		OR ,	TOTAL VDDIT. FEE		
		(Column 1) CLAIMS		(Column		(Column 3)		•				÷	
5 l		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLÝ	PRESENT EXTRA	F		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	\[\frac{1}{2}\]	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ι,	K43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700-		
+ 11	the entry in colum	+	145=		OR	+290=							
** !!	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
7	he *Highest Num	ber Previously Paid	For" (Total or	Independent	ess than I) is the I	i 3, enter "3." highest number		OIT. FEE in the appro	opriate box				